



Please note : The data entered on this form may be scanned and stored electronically. Please print neatly in the spaces provided to ensure completeness, accuracy and machine readability.

## Client Identification

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs			
Account / Policy Holder Last Name		First Name	Initials
Address		City	Province Postal Code
Social Insurance Number	Home Telephone Number	Business Telephone Number	

### Receiving Institution Information

BBS SECURITIES INC.		C/O : ACCOUNT TRANSFERS		Receiving Institution	
				Client Account Number :	
199 Bay Street, Suite 2600, P.O. BOX 108, Toronto, ON, M5L 1E2					
				Contact Name	
5085	BBSM	7	8	9	9
DTC#	CUID#	Dealer	Rep. No	1.877.310.1088	416-288-8611
				Contact Telephone Number	Fax Number
				transfer@bbssecurities.com	
				E-mail	
Registered type - RSP574-529		Registered type - RIF1329			
<input type="checkbox"/> RRSP <input type="checkbox"/> Spousal RRSP <input type="checkbox"/> LRSP <input type="checkbox"/> LIRA		<input type="checkbox"/> RRIF <input type="checkbox"/> Spousal RRIF <input type="checkbox"/> LRIF <input type="checkbox"/> LIF			
Tax Free Saving Account Type - TFSA05740139		Province		Province	
<input type="checkbox"/> TFSA					

### Client Direction to Relinquishing Institution

Relinquishing Institution Name			
Address		City	Province
		Postal Code	
Client Account / Policy Number		Group Plan Number (If applicable)	
<b>Transfer (check one box only)</b> <input type="checkbox"/> All in kind <input type="checkbox"/> All in cash* <input type="checkbox"/> Partial* - as listed below or on attached list <input type="checkbox"/> All assets* mixed in cash and in kind (as is), see list below or attached list			
<input type="checkbox"/> In Kind OR <input type="checkbox"/> In Cash		<input type="checkbox"/>	
	Investment Amount		Symbol and/or Certificate Number or Policy Number
	Investment Description		
		<input type="checkbox"/>	
	Investment Amount		Symbol and/or Certificate Number or Policy Number
	Investment Description		
		<input type="checkbox"/>	
	Investment Amount		Symbol and/or Certificate Number or Policy Number
	Investment Description		

## Client Authorization

I hereby request the transfer of my account and its investments as described above.

**PLEASE CANCEL ALL OPEN ORDERS (G.T.C. / SWF / PAC, ETC.) FOR MY ACCOUNT(S) ON YOUR BOOKS.**

\* Where I have requested a transfer in cash, I authorize the liquidation of all or part of my investments. I agree to pay any applicable fees, charges or adjustments.

I consent to the transfer of the account.

<hr/> Signature of Account Holder	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> Date	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div> Date
	Date	Signature of Irrevocable Beneficiary (if applicable)	Date

**For use By Relinquishing Institution Only**

**Please provide book value for equities.**

Registered type ☐ RRSP ☐ LIRA ☐ LRSP ☐ Qualified RRIF ☐ Non Qualified RRIF ☐ LRIF ☐ LIF ☐ TFSA ☐ OTHER \_\_\_\_\_

Spousal Plan  
☐ No ☐ Yes - If yes : \_\_\_\_\_

Locked-In : Last Name First Name Initial Social Insurance Number

☐ No ☐ Yes Locked-in confirmation attached

Locked-in funds \_\_\_\_\_ Governing Legislation \_\_\_\_\_

Contact Name Telephone Number Fax Number

Authorized Signature Date